

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90137 031 \*\*\*150.00

**DOCUMENT # F98000006195**

**1. Entity Name**  
 HOSPITAL WITHOUT WALLS, INC.

**Principal Place of Business**  
 1501 CORPORATE DRIVE, SUITE 240  
 BOYNTON BEACH FL 33426

**Mailing Address**  
 1501 CORPORATE DRIVE, SUITE 240  
 BOYNTON BEACH FL 33426



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 1501 Corporate Dr  
 Suite, Apt. #, etc.  
 SUITE 230  
 City & State  
 Boynton Beach, FL

**3. Mailing Address**  
 1501 Corporate Dr  
 Suite, Apt. #, etc.  
 SUITE 230  
 City & State  
 Boynton Beach FL

**Zip**  
 33426  
**Country**  
 USA

**Zip**  
 33426  
**Country**  
 USA

**4. FEI Number** 65-0780864 65-0870664  
**Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LEE, DAVID  
 1501 CORP DR  
 STE 230  
 BOYNTON BEACH FL 33426

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** FL **Zip Code**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P LEE, KENNETH PHARM D 1501 CORPORATE DRIVE, SUITE 240 BOYNTON BEACH FL 33426	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E034 (9/01)

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_